Case 1-18-47128-cec Doc 16 Filed 01/23/19 Entered 01/23/19 17:15:39

1/23/19 5:13PM

	in this information to identify your case: btor 1 Lilith M Emdin												
	otor 2 ouse, if filing)					_							
Uni	ted States Bankrup	otcy Court for the:	EASTERN DISTRICT	OF NEW YORK		_							
Cas	e number 1-18-47128				С	Check if this is:							
(If kr	nown)						An amende	ed filing					
_									g postpetition ollowing date:				
\overline{O}	fficial Form	<u> 1061</u>					MM / DD/ Y	YYY					
S	chedule I:	Your Inco	ome							12/1			
sup spo atta	plying correct info use. If you are sep ch a separate she	ormation. If you parated and you	sible. If two married peo are married and not filir r spouse is not filing wi On the top of any addition	ng jointly, and your th you, do not incl	· spouse i ude infori	s living w	ith you, inclout your spe	ude inforn ouse. If mo	nation about ore space is	your needed,			
1.	Fill in your employment information.			Debtor 1	Debtor 2	Debtor 2 or non-filing spouse							
	If you have more attach a separate information abou employers.		Employment status	☐ Employed	☐ Empl	☐ Employed							
			Not employed Occupation				☐ Not e	mployed					
	Include part-time, self-employed wo		Employer's name										
	Occupation may or homemaker, if		Employer's address										
			How long employed the	nere?									
Par	t 2: Give De	tails About Mon	thly Income										
	mate monthly incouse unless you are		ate you file this form. If y	ou have nothing to	report for	any line, v	vrite \$0 in the	space. Inc	clude your no	n-filing			
	u or your non-filing e space, attach a s		ore than one employer, co	mbine the informati	on for all e	employers	for that perso	on on the li	nes below. If	you need			
						For	Debtor 1		otor 2 or ng spouse				
2.	List monthly gross wages, salary, and commissions (bed deductions). If not paid monthly, calculate what the monthly				2.	\$	0.00	\$	N/A	-			
3.	Estimate and list monthly overtime pay.				3.	+\$	0.00	+\$	N/A	-			
4.	Calculate gross	Income. Add lin	e 2 + line 3.		4.	\$	0.00	\$	N/A				

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Debtor 1		Lilith M Emdin			Case number (if known)			1-1	1-18-47128			
					For	Debtor 1		no	or Debtor on-filing s	spouse		
	Cop	by line 4 here	4.		\$		0.00	. \$		N/A		
5.	List	all payroll deductions:										
	5a.	Tax, Medicare, and Social Security deductions	58	à.	\$		0.00	\$		N/A		
	5b.	Mandatory contributions for retirement plans	5b).	\$		0.00	\$		N/A		
	5c.	Voluntary contributions for retirement plans	50) .	\$		0.00	\$		N/A		
	5d.	Required repayments of retirement fund loans	50	d.	\$		0.00	\$		N/A		
	5e.	Insurance	56		\$		0.00	\$		N/A		
	5f.	Domestic support obligations	5f		\$		0.00	. \$		N/A		
	5g.	Union dues	50		\$		0.00	\$		N/A		
	5h.	Other deductions. Specify:	_ 5r	1.+	\$_		0.00	+ \$		N/A		
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$		0.00	\$		N/A		
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$		0.00	. \$		N/A		
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0.6		¢			¢		N/A		
	8b.	monthly net income. Interest and dividends	8a 8b		\$ \$		0.00 0.00	. \$ _. \$		N/A N/A		
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			Ψ \$		0.00			N/A		
	8d.	Unemployment compensation	80	d.	\$		0.00	\$		N/A		
	8e.	Social Security	86	€.	\$	98	6.50	\$		N/A		
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	e 8f 8g		\$		0.00 0.00	\$		N/A N/A		
	8h.	Other monthly income. Specify:		ر. ۱.+	\$_		0.00			N/A		
		· · · · · · · · · · · · · · · · · · ·								7		
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	98	6.50	\$		N/A		
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		986.50	+ \$		N/A	= \$	986.50	
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	Į				1 L					
11.	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00								0.00			
12.	 Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 									\$Combin	986.50	
10	D	way average or increase or decrease within the company of the first	2							monthly	/ income	
13.	□ □	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	<i>(</i>									